## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

			or <u>Fax</u> (57				
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi- ed below or directed of	for transmitting the ISSI ng the Patent, advance of herwise in Block 1, by (	UE FEE and PUBLICATI rders and notification of n a) specifying a new corres	ON FEE (if required) maintenance fees will be pondence address; and	Blocks 1 through 5 s e mailed to the current for (b) indicating a sep	hould be completed whe correspondence address arate "FEE ADDRESS" f	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any charge of eddress)  Note: A certificate of mailing can only be used for domestic mails Fee(s) Transmittal. This certificate cannot be used for any other acc							
			pape	s) Transmittal. This cer ers. Each additional par	er, such as an assignme	for any other accompanyir ent or formal drawing, mu	
24197	7590 04/16	i/2010	have	e its own certificate of n	nailing or transmission.		
KLARQUIST SPARKMAN, LLP			FII	LED VIA EFS ON	Labali	$\sigma$	
121 SW SALMO		••			C/P		
SUITE 1600							
PORTLAND, OR 97204			Amy B. Durocher /Amy B. Durocher/			(Depositor's name	
						(Signature	
				11/28/11	7	(Date	
			FIRST NAMED INVENTOR ATTORNEY DOCKET NO.			CONFIRMATION NO.	
APPLICATION NO.			A1				
10/552,960 07/10/2006			Earl Fenton Goddard 6589-72243-01			1619	
TITLE OF INVENTION: PARTS WASHER							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEI	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	YES	\$755	\$300	\$0	\$1055	07/16/2010	
EXAMINER		ART UNIT	CLASS-SUBCLASS				
KO, JASON Y 1711			134-103200				
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list							
CFR 1.363).  Change of correspondence address (or Change of Correspondence			(1) the names of up to 3 registered patent attorneys  1 Klarquist Sparkman, LLP or agents OR, alternatively,				
Address form PTO/SB/122) attached.							
"Fee Address" ind	ication (or "Fee Address 2 or more recent) attack	" Indication form	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is 3				
Number is required.	01 111010 1010111, 0111111		listed, no name will be	printed.			
			THE PATENT (print or typ				
PLEASE NOTE: Uni	less an assignee is ident	ified below, no assignee	data will appear on the pa	atent. If an assignee is	identified below, the d	ocument has been filed fi	
PIE.ASS NOTE: Unless an assignce is identified below, no assignee data will appear on the patent. If an assignce is identified below, the document has been filled forecordation as set forth in 37 GPR 3.11. Completion of this form is NOT a substitute for filling an assignment.  (A) NAMEO PLASSIONEE							
77							
Please check the appropr	iate assignee category or	categories (will not be p	rinted on the patent) : 🔲	Individual Corpor	ation or other private gr	oup entity Governmen	
	1 20 1	41	P		minusky weld from fee	abana abana)	
4a. The following fee(s) are submitted:  4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  I save Fee						shown above)	
	o small entity discount	permitted)	Payment by credit care	Payment by credit card. Form PTO-2038 is attached.			
Advance Order -			The Director is hereby	☑ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-4550 (enclose an extra copy of this form).			
5. Change in Entity Sta	tue (from etatus indicate	d shove)	Overpayment to 20 apro-		1000 (111111111111111111111111111111111		
a. Applicant claim	s SMALL ENTITY state	is. See 37 CFR 1.27.	☐ b. Applicant is no long				
NOTE: The Issue Fee an	d Publication Fee (if req	uired) will not be accepte	d from anyone other than the Office.	he applicant; a registere	d attorney or agent; or the	he assignee or other party	
meres as shown by the	teserus or me omice an	NO THOUSAND		7   -	0.0		
Authorized Signature /Amy B. Durocher/				Date _ Co   2	9110		
Typed or printed nam	e Amy B. Duroch	ег		Registration No. 6	2,065		
			on is required to obtain or r			d by the USPTO to proces	
an application. Confident submitting the completes	tiality is governed by 35 I application form to the	U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or r 1,14. This collection is est of depending upon the indiv- to the complete of the complete of the completed formation office completed forms to	imated to take 12 minu idual case. Any comme	es to complete, includir nts on the amount of ti	ig gathering, preparing, ar me you require to comple	
this form and/or suggesti Box 1450, Alexandria. V	ions for reducing this bu 'irginia 22313-1450. DO	rden, should be sent to the NOT SEND FEES OR	e Chief Information Office COMPLETED FORMS TO	r, U.S. Patent and Trad THIS ADDRESS. SE	emark Office, U.S. Dep ND TO: Commissioner	artment of Commerce, P.0 for Patents, P.O. Box 145	
Alexandria Virginia 223	13-1450.						

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.